

Application Data Sheet**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD FOR DETERMINING A THREE- DIMENSIONAL STRUCTURE FROM A TWO-DIMENSIONAL IMAGE, IN PARTICULAR A BONE STRUCTURE
Attorney Docket Number::	0540-1060
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	Yes
Petition Type::	PETITION TO REVIVE
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: LAURENT  
Middle Name::  
Family Name:: POTHUAUD  
Name Suffix::  
City of Residence:: LEGE CAP FERRET  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 3 BIS ALLEE DU GRAND HOUSTEAU  
Address::  
City of Mailing Address:: LEGE CAP FERRET  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-33950

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: PASCAL  
Middle Name::  
Family Name:: CARCELLER  
Name Suffix::  
City of Residence:: BORDEAUX  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing APARTMENT B13  
Address:: 5 ROND POINT DU FUKUOKA  
City of Mailing Address:: BORDEAUX

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-33000

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2003/003768	12/17/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0116069	12/17/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::